

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043184

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 188
FILED DEC 3 1963

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mt. Pleasant Township</u> | | c. CITY OR TOWN <u>Richards-Gebaur AFB, Mo.</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>328th USAF Hospital</u> <u>Richards-Gebaur AFB, Mo.</u> | | d. STREET ADDRESS <u>5652A Nellis Dr.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>BOY.</u> Last <u>KRESS</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>24</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Cau</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>23 Nov 63</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Richards-Gebaur AFB Missouri</u> |
| 13a. FATHER'S NAME <u>Joseph Herbert Kress</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charlene Betty Weber</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u> </u> | |
| 17. INFORMANT <u>Mrs. Joseph H. Kress</u> | | Address <u>5652A Nellis Dr. R-G AFB, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary hyalin membrane disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Prematurity</u> DUE TO (c) <u> </u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 Hours</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>23 Nov 63</u> to <u>24 Nov 63</u> and last saw her/him alive on <u> </u> . Death occurred at <u>1:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Robert D. Brundage, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>328th USAF Hosp.</u> | 22c. DATE SIGNED <u>24 Nov 63</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-26-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>F.K. George & Sons, Inc. Belton, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-27-63</u> | 26. REGISTRAR'S SIGNATURE <u>Ray J. Sobree</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James S. Buckner

Licensed Embalmer No.

4092

P. O. Address

Belton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.